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7: Kolisch, Hartwel McCormack & He 200 Pacific Buildir 520 S.W. Yamhill	user ng Street	OIP	E	Fee(s) Transmittal. The papers. Each additional have its own certificate. Cer I hereby certify that the States Postal Service addressed to the Mai	mailing can only be used fis certificate cannot be used il paper, such as an assignme of mailing or transmission. tificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fit I Stop ISSUE FEE address TO, on the date indicated be	for any other accompanying ent or formal drawing, mus smission g deposited with the United states and in an envelope above, or being facsimile	
Portland, OR 9720	+	FEB 26		RA	- Anolas	(Signature)	
		PADE	A BY CIE	February 2	3, 2004	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/982,312	10/17/2001	· · · · · · · · · · · · · · · · · · ·	Mark Peterson		IEC 30-1	6602	
TITLE OF INVENTION: R	EAR PROJECTION DISPL	AY SYSTEM			IFC 301		
APPLN, TYPE	SMALL ENTITY	ISSUE FE	E PI	IBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$300	\$1630	03/23/2004	
EXAM					1		
	MAGDA	ART UNI 2851		ASS-SUBCLASS 359-460000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PA PLEASE NOTE: Unless an assignee is identified below, no assignee data will				For printing on the patent front page, list (1) the times of up to 3 registered patent attorneys or gents OR, alternatively, (2) the name of a single m (having as a member a registered attorney or gent) and the names of up to 2 registered patent torneys or agents. If no name is listed, no name dill be printed. PATENT (print or type) ill appear on the patent. Inclusion of assignee data is only appropriate when an assignment has a cover. Completion of this form is NOT a substitute for filing an assignment.			
(A) NAME OF ASSIGN				Y and STATE OR COL		igimient.	
InFocus Corp	oration		Wilsonville	e, Oregon			
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the patent);	🔾 individual 🔏 c	orporation or other private g	roup entity 🔲 government	
4a. The following fee(s) are	enclosed:		. Payment of Fee(s):				
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Director for Patents is reque	sted to apply the Issue Fee a				sue fee to the application ide		
interest as shown by the re-	d Publication Fee if require a registered attorney or ago	ed) will not be acc ent; or the assigne tent and Trademark	diffice.		FMETEKI2 00000070 09	982312	
This collection of informa obtain or retain a benefit application. Confidentiality estimated to take 12 minut completed application for case. Any comments on suggestions for reducing the Patent and Trademark (22313-1450, DO NOT S SEND TO: Commissioner	tion is required by 37 CFR by the public which is to fix is governed by 35 U.S.C. I less to complete, including gram to the USPTO. Time will the amount of time your his burden, should be sent office, U.S. Department END FEES OR COMPLE for Patents, Alexandria, Virg	1.311. The inform ile (and by the US 22 and 37 CFR 1.1 athering, preparing, il vary depending require to complet to the Chief Inform of Commerce, Al TED FORMS TO ginia 22313-1450.	nation is required to PTO to process) and 4. This collection is and submitting the upon the individual e this form and/or nation Officer, U.S. lexandria, Virginia THIS ADDRESS.	01 FC:1501 02 FC:1504		1330.00 gp 300.00 gp	

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PTO/SB/17 (10-03)

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SEE TOAN	CRAITTAI	Complete if Known			
EADS FEE TRAN	SMILLAL	Application Number	09/982,312		
for FY	2004	Filing Date	October 17, 2001		
Effective 10/01/2003. Patent fees are		First Named Inventor	Mark Peterson		
		Examiner Name	Magda Cruz		
Applicant claims small entity status	s. See 37 CFR 1.27	Art Unit	2851		
TOTAL AMOUNT OF PAYMENT (\$) 1.630.00		Attanan Dankat Na	IEC 301		

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Order None	B 3. ADDITIONAL FEES Large Entity 1 Small Entity					
Deposit Account:	For For For					
Deposit Account 11-1540	Tee Description	ee Paid				
Number	1051 130 2051 65 Surcharge - late filing fee or oath					
Account Name Kolisch Hartwell, P.C.	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet					
The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification					
Charge fee(s) indicated below Credit any overpayments						
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action					
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after					
to the above-identified deposit account.	Examiner action					
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month					
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month					
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1253 950 2253 475 Extension for reply within third month					
Fee Fee Fee Fee Fee Description Fee Paid Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month					
1001 770 2001 385 Utility filing fee	1 1255 2,010 2255 1,005 Extension for reply within fifth month					
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal					
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal					
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing					
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding					
SUBTOTAL (1) (\$) 0	1452 110 2452 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	F 1453 1,330 2453 665 Petition to revive - unintentional	1 000 00				
Fee from	1501 1,330 2501 665 Utility issue fee (or reissue)	1,330.00				
Total Claims Extra Claims below Fee Paid	7 100 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200					
Independent 3** = X = X	1503 640 2503 320 Plant issue fee					
Multiple Dependent	1460 130 1460 130 Petitions to the Commissioner					
Large Entity Small Entity	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)					
Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt					
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021 40 8021 40 Recording each patent assignment per property (times number of properties)					
1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))					
1203 290 2203 145 Multiple dependent claim, if not paid	1010 110 2010 000 101 Cacif additional invention to be					
1204 86 2204 43 ** Reissue independent claims over original patent	examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE)					
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 0	_	300.00				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,630	0.00				

SUBMITTED BY			(Complete	(if applicable))
Name (Print/Type)	B. Anna McCoy	Registration No. (Attorney/Agent) 46,077	Telephone	(503) 224-6655
Signature	13 Mma	Melur	Date	February 23, 2004

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PTO/SB/21 (08-03) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to tion of information unless it displays a valid OMB control number. **Application Number** 09/982.312 TRANSMITTAL Filing Date October 17, 2001 **FORM** First Named Inventor Mark Peterson Art Unit (to be used for all correspondence after initial filing) 2851 **Examiner Name** Magda Cruz

Attorney Docket Number

IFC 301

4

Total Number of Pages in This Submission

the date shown below.

Typed or printed name

Signature

B. Anna McCov

ENCLOSURES (Check all that apply)							
×	Fee Transmi	ittal Form		Drawing(s)		After Allowance communication to Group	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks		Issue	Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Issue Fee Transmittal (in duplicate)		
		SIGNAT	TURE	OF APPLICANT, ATTORNEY, C	R AG	ENT	
_	or B. Anna McCoy, Reg. No. 46,077 Individual name Kolisch Hartwell, P.C.						
<u> </u>	Signature 3 Ama / Welux						
Date February 23, 2004							
CERTIFICATE OF TRANSMISSION/MAILING							
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Date

February 23, 2004